Skaneateles Library

Inspire learning, enrich lives and connect our community.

EMPLOYMENT APPLICATION

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Employment Application* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

We are an **Equal Opportunity Employer.** We consider all applications for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity, transgender status, gender dysphoria, marital or family status, pregnancy, military status, veteran status, predisposing genetic characteristics or carrier status, arrest or conviction record, domestic violence victim status, or any other protected class or status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process should notify an organization representative.

BIOGRAPHICAL DATA

Name (First, Middle, Last)	Telephone Number ( )
E-mail Address	Cell Phone Number ( )
Street Address	
City	State / Zip Code
Position Applied For	
Are you Available to Work ☐ Full-Time ☐ Part-Time ☐ Temporary (check all that apply) ☐ Day ☐ Evening ☐ Weekends	Date Available to Begin Work

Are you 16 years of age or older?	☐ Yes ☐ No
Are you currently employed? ☐ Yes ☐ No If yes, may we contact your employer to obtain employment information?	☐ Yes ☐ No
Have you ever submitted an application and/or interviewed for employment with our organization? If yes, give month and year ___/___	☐ Yes ☐ No
Have you ever been employed with our organization before? If yes, give dates. From ___/___/___ to ___/___/___	☐ Yes ☐ No
Are you legally eligible for employment in the United States? *Employment eligibility will be verified upon employment.*	☐ Yes ☐ No
If you have had an opportunity to review a job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation? (check N/A if you have not reviewed a job description)	☐ Yes ☐ No ☐ N/A

EDUCATIONAL BACKGROUND

Type of School Attended	Name and Location of School	Course of Study	Did you Graduate?	Diploma or Degree Earned	GPA
High School			☐ Yes ☐ No	☐ None ☐ Diploma ☐ GED	
College			☐ Yes ☐ No	☐ None ☐ Associate ☐ Bachelor	
Dates Attended	From ___ To ___				
Graduate Studies			☐ Yes ☐ No	☐ None ☐ Master ☐ Doctoral	

SKILLS

List any additional skills, training, trade, and/or technical/professional knowledge that is relevant to the job for which you are applying:

EMPLOYMENT HISTORY

Provide employment information, including military service, starting with the most recent employer first. If you've held more than four jobs, you may provide this information on another sheet and attach to this Application Form. You may attach a resume in lieu of completing this section, if all requested information is provided.

Present or Last Employer

If current employer, may we contact? ☐ **Yes** ☐ **No**

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

Next Previous Employer

Name of Employer	Phone Number
Address	City / State / Zip
Employment Dates (Month/Year)	
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

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Address	City / State / Zip
Employment Dates (Month/Year)	
Title of Position	Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

REFERENCES (List three references other than relatives)

Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known
Name/Occupation				Phone Number
Address	City	State	Zip	Years Known

PLEASE READ CAREFULLY AND SIGN BELOW

I hereby certify that all of the information I have provided on this *Employment Application* is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will disqualify me from further consideration of employment, withdrawal of any offer of employment, or, termination of employment, if already hired.

I authorize verification of all of the information I have provided on this *Employment Application* and understand that additional information may be needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release this organization and all of its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if employed, I agree to abide by all policies, procedures, rules, and regulations of the organization. I also understand and agree that, if hired, my employment is “at-will” and is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by myself or the organization at any time with or without cause or notice.

Date _____ Signature of Applicant _____